



Complete and return this application form to:

Congressman David P. Joyce
8500 Station Street, Suite 390
Mentor, Ohio 44060
Attn: Maureen Jeffery

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

High School: _____ Graduation Date: _____

College: _____

Academy Preference: 1. _____ 2. _____ 3. _____

Privacy Act of 1974 Statement:

Congressman David P. Joyce, please monitor my process in seeking a nomination to the academy of my choice. I hereby consent to the academies and high school to release all relevant portions of my records to Congressman Joyce for the nomination process.

Student Signature _____

Parent/ Guardian Signature _____

Please list employment, honors, achievements, and special interest on a separate sheet